ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	ELEPHONE NO.:	FOR COURT USE ONLY		
ATTORNEY FOR (NAME):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PLAINTIFF(S)/PETITIONER(S):				
DEFENDANT(S)/RESPONDENT(S):				
		CASE NUMBER:		
AT ISSUE-MEMORANDUM COUNTE	R AT-ISSUE			
22000 Nature of Case 28110 Family Law				
28120 Personal Injury, Property Damage or		nent Domain		
Wrongful Death, Involving Motor Vehicle	28150/28160	Other Civil		
L 28130 All Other Personal Injury, etc.				
1. Jury trial requested: Yes No 23000 and 245		Laime in Elhaure /4 des A		
 Time estimated for trial: days. <u>24000</u> If the estimate of trial time is 5 hours (1 day) or less, nonjury, and all parties join in the estimate of trial time (silence will be deemed as joining), this case will be set for 				
trial as a short cause matter (for calendaring purposes, Desert				
3. Case entiltled to preference Yes No Under code	· · · · · · · · · · · · · · · · · · ·	26000/26001		
4. Is equitable relief sought? Yes No	ntiff? Yes 1	No		
 Does the amount in controversy exceed \$50,000 as to any plair Are the parties claiming an exemption from mandatory arbitration 		No .5. California Rules of		
Are the parties claiming an exemption from mandatory arbitration pursuant to Rule 1600.5, California Rules of Court? Yes No				
7. If you are counsel for plaintiff and you are not claiming exemption, do you elect to refer matter to arbitration?				
Yes No If you are counsel for plaintiff and do not elect arbitration, do you	I object to the matter bein	a ordered to arbitration?		
Yes No	a object to the matter bell	g ordered to dibitiation:		
9. Are the pleadings proper and the issues joined?				
10. Is discoverycompleted partially completed? List discovery to be completed and date for completion.				
11. Is there any law and motion pending or contemplated?	Yes No	_		
Has the motion been filed? Yes Do Date:				
12. If personal injury: a. Nature and extent of injuries:				
				
b. Total medical expenses to date:				
c. Future medical expenses:				
d. Loss of earnings to date:	d. Loss of earnings to date:			
e. Future loss of earnings:				
f. Other special or general damages: _				
13. Indicate party being represented:				
Plaintiff	<u></u>			
Attorney	<u> </u>			
FirmAddress				
Telephone	Telephone			
For additional parties, please attach a separate sheet.		Calendar No.		

ACIS Code 34101 34103(02)

AT-ISSUE MEMORANDUM (Rule 206, 207)

27000/27005 12-858-356 Rev. 2/88 SB-3

		ermit.	
Date			
	Attorney(s)		
DEC	CLARATION OF SERVICE	E BY MAIL	
l,			, declare:
That is and was, at all ti of the County of San Bernardino, over			
within action; that h busines	ss address is		
City of day of	, County of		, State of California
At-Issue Memorandum upon		_ , ,	_ he served the within
by depositing a copy thereof, enclos United States Post Office mail box at	sed in a sealed envelop		
			,
I declare under penalty of perjury that the	e foregoing is true and corre	ect.	
Executed on	, , at		, California.
			, ,
		Declarant Sig	

I hereby represent to the Court that this case is at issue as to all essential parties served with process or appearing therein; that no amended or supplemental complaint or cross-complaint or other affirmative